

# **RESIDENTIAL – ONE & TWO FAMILY ONLY**



**INSPECTION DEPARTMENT  
TOWN HALL - 550 HANOVER STREET – SUITE 8  
HANOVER, MASSACHUSETTS 02339-2242  
781-826-6400**

## **INFORMATION FOR OBTAINING A BUILDING PERMIT FOR HOMES, ADDITIONS, FARMER'S PORCHES, OPEN DECKS AND SHEDS OVER 120 SQUARE FEET**

### The Applicant must have:

- \* Certified plot plan showing proposed building location, measurements from building to street, as well as rear and side lot lines.
- \* Two (2) sets of drawings for the proposed work, drawn to scale and showing: foundation, floor plans, elevations, framing plans, and structural details for steel and/or LVL beams.
- \* Documentation showing compliance with Energy Code.
- \* Building Permit Application Form filled out completely.
- \* Signatures from Board of Health, Conservation Commission and the Fire Department.
- \* Copy of Lot Release for Sub-Divisions.
- \* Builder's Construction Supervisor Number, Home Improvement Number, Workmen's Compensation Insurance and Affidavit.
- \* Homeowners Insurance Affidavit and Exemption for Homeowners.

**Paul McAuliffe  
Building Commissioner**



## HANOVER BUILDING DEPARTMENT

### RULES & REGULATIONS FOR ALL INSPECTIONS

After the Building Permit has been issued, it is necessary to **notify the Building Department at 781-826-6400** for the following inspections:

- A Registered Professional Engineer must certify foundation **placement** and **elevation**, with a call to the Building Department, followed by a **submitting three Certified Plot Plans**.
- After pouring the foundation with **concrete** that is **3000 psi**, and **waterproofing** has been completed, call this office for an **Foundation Inspection**.
- Sonotube inspection for **Deck Footings**.
- After rough wiring and rough plumbing/gas inspections have been completed and approved, call the Building Inspector for a **Rough Frame Inspection**.
- The Building Inspector must inspect any new masonry chimneys. Be sure to call for a **Throat Inspection**.
- An **Insulation Inspection** must be made **after** the insulation is installed and **before** any sheet rock is installed.
- After the final electrical, gas & plumbing inspections have been made and approved, call the Building Department for a **Final Building Inspection** in order to get an **Occupancy Permit**.
- An **Occupancy Permit, (Fee:\$40.00)**, which is essential before any **new dwelling** or any **new addition** may be occupied, may be obtained if you have had your final approvals from the Conservation Commission (if required), Board of Health, Fire Department, Planning Board (if required) and all Building Department inspections.
- **House numbers**, at least **3" in height**, must be in place by your front door **before** you contact the **Fire Department and Building Department for Final Inspections**.
- ***The Building Inspector requires 24 hours notice for inspections.***
- ***The Gas/Plumbing Inspector requires 24 hours notice for inspections. The Gas/Plumbing Inspector works out of business office between 8:00 a.m. and 4:00 p.m., and can be contacted at 781-829-0104.***
- ***The Wiring Inspector requires 72 hours notice for inspection.***

**(The Gas/Plumbing Inspector and Wiring Inspector are part-time employees.)**

**Hanover Building Department will not issue Electrical Permits to unlicensed individuals and homeowners.**

**Paul McAuliffe**  
**Building Commissioner**



**APPLICATION TO CONSTRUCT, REPAIR, RENOVATE OR DEMOLISH A ONE OR TWO FAMILY DWELLING**  
(Please fill out completely all applicable areas – Please use ink)

**This Section For Official Use Only**

Building Permit Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Signature: \_\_\_\_\_  
Building Commissioner/Local Inspector of Buildings

**NOTE:** In addition to this permit granted under the Building Code, the applicant is hereby notified that he/she comply with all the requirements of the Board of Health and the Zoning By-Law.

**SECTION 1 – SITE INFORMATION**

Property Address: \_\_\_\_\_

Assessors Map & Lot Number: Map: \_\_\_\_\_ Lot: \_\_\_\_\_

Zoning Information: Zoning District: \_\_\_\_\_ Proposed Use: \_\_\_\_\_

Property Dimensions: Lot Area(sf): \_\_\_\_\_ Footage(ft): \_\_\_\_\_

Building Setbacks(ft):

Front Yard

Side Yard

Rear Yard

Required: \_\_\_\_\_ Provided: \_\_\_\_\_ Required: \_\_\_\_\_ Provided: \_\_\_\_\_ Required: \_\_\_\_\_ Provided: \_\_\_\_\_

Water Supply: Public: \_\_\_\_\_ Private: \_\_\_\_\_

Flood Zone Information: Zone: \_\_\_\_\_ Outside Flood Zone: \_\_\_\_\_

**Section 2 – Property Ownership / Authorized Agent**

**Owner of Record:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Signature: \_\_\_\_\_

**Authorized Agent:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Signature: \_\_\_\_\_

## **SECTION 3 – Description of Proposed Work**

**(Check All Applicable)**

New Construction \_\_\_\_\_ Existing Building \_\_\_\_\_ Repairs \_\_\_\_\_ Alterations \_\_\_\_\_

Additions \_\_\_\_\_ Accessory Building \_\_\_\_\_ Demolitions \_\_\_\_\_ Other \_\_\_\_\_

**Brief Description of Proposed Work:**

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### **AREA**

Building Size Front: \_\_\_\_\_ Deep: \_\_\_\_\_ Stories: \_\_\_\_\_

Living Space (sf): \_\_\_\_\_ Garage (sf): \_\_\_\_\_

Deck / Porch (sf): \_\_\_\_\_ Shed (sf): \_\_\_\_\_

Height (ft): \_\_\_\_\_

Estimated Cost: \$ \_\_\_\_\_ Permit Fee: \$ \_\_\_\_\_

### **For Official Use Only**

Board of Health: \_\_\_\_\_ Conservation: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

Fire Department: \_\_\_\_\_ New Homes Only: DPW \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

Planning Board: (if required) \_\_\_\_\_ Date: \_\_\_\_\_

## SECTION 4 – Construction Services

### Licensed Construction Supervisor:

Licensed Construction Supervisor: \_\_\_\_\_ License #: \_\_\_\_\_  
Address: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
Phone: \_\_\_\_\_ Signature: \_\_\_\_\_ Not Applicable: \_\_\_\_\_

### Registered Home Improvement Contractor:

Company Name: \_\_\_\_\_ License #: \_\_\_\_\_  
Address: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
Phone: \_\_\_\_\_ Signature: \_\_\_\_\_ Not Applicable: \_\_\_\_\_

### Section 5 – Worker's Compensation Insurance Affidavit (M.G.L. c. 152,25C(6).)

Worker's Compensation Insurance affidavit must be completed and submitted with this application.  
Failure to provide this affidavit will result in the denial of the issuance of the building permit.

Signed affidavit attached: Yes \_\_\_\_\_ No \_\_\_\_\_

### Section 6a – Owner Authorization

**To be completed when owners agent or contractor applies for building permit**

I, \_\_\_\_\_, as Owner of the subject  
property hereby authorize \_\_\_\_\_ to act on my behalf, in all matters  
relative to work authorized by this building permit application.

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

### Section 6b – Owner / Authorized Agent Declaration

I, \_\_\_\_\_, as Owner / Authorized Agent hereby declare that the  
statements and information on the foregoing application are true and accurate, to the best of my knowledge  
and belief.

Signed under the pains and penalties of perjury.

Print Name: \_\_\_\_\_  
Signature of  
Owner / Agent \_\_\_\_\_ Date: \_\_\_\_\_



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**INSPECTION DEPARTMENT  
TOWN HALL - 550 HANOVER STREET – SUITE 8  
HANOVER, MASSACHUSETTS 02339-2242  
781-826-6400**

**PLEASE PRINT**

**DATE:** \_\_\_\_\_

**LOCATION:** \_\_\_\_\_

**Address**

**HOMEOWNER:** \_\_\_\_\_

**Name**

**Phone**

**PRESENT MAILING**

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_  
**City/Town**

**State**

**Zip Code**

The current exemption for “homeowners” was extended to include owner-occupied dwellings to allow such homeowners to engage an individual for hire who does not possess a license, provided that the owner acts as supervisor.  
(STATE BUILDING CODE 109.1.1)

**DEFINITION OF HOMEOWNER:**

Person(s) who own a parcel of land on which he/she resides or intends to reside, on which there is, or is intended to be, a one family dwelling, attached or detached structure accessory to such use and/or farm structure. A person who constructs more than one home in a two year period shall not be considered a homeowner. Such “homeowner” shall submit to the Building Official, on a form acceptable to the Building Official, that he/she shall be responsible for all such work performed under the building permit. (Section 109.1.1)

The undersigned “homeowner” assumes responsibility for compliance with the State Building Code and other applicable codes, by-laws, rules and regulations.

The undersigned “homeowner” certifies that he/she understands the Town of Hanover Building Department minimum inspection procedures and requirements.

**HOMEOWNER'S SIGNATURE:**

\_\_\_\_\_  
**APPROVAL OF BUILDING**

**OFFICIAL:** \_\_\_\_\_

The Commonwealth of Massachusetts  
Department of Industrial Accidents  
Office of Investigations , 600 Washington Street, Boston, MA 02111  
[www.mass.gov/dia](http://www.mass.gov/dia)

**Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers**

**Applicant Information**

**Please Print Legibly**

Name (Business/Organization/Individual): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Are you an employer? Check the appropriate box:**

**Type of project (required):**

- |  |   |  |
|--|---|--|
| 1. <input type="checkbox"/> I am an employer with _____ employees (full and/or part time)*   | 4. <input type="checkbox"/> I am a general contractor and I have hired the sub-contractors listed on the attached sheet.++ These sub-contractors have workers' comp. Insurance.                   | 6. <input type="checkbox"/> New Construction                 |
| 2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. (No workers comp. Insurance required.) | 5. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per MGL c.152.S1(4), and we have no employees. {No workers' comp. Insurance required.}+ | 7. <input type="checkbox"/> Remodeling                       |
| 3. <input type="checkbox"/> I am a homeowner doing all work myself. {No workers' comp. insurance required.}+   |   | 8. <input type="checkbox"/> Demolition                       |
|  |   | 9. <input type="checkbox"/> Building addition                |
|  |   | 10. <input type="checkbox"/> Electrical repairs or additions |
|  |   | 11. <input type="checkbox"/> Plumbing repairs or additions   |
|  |   | 12. <input type="checkbox"/> Roof repairs                    |
|  |   | 13. <input type="checkbox"/> Other: _____                    |

\*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

+Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.

++Contractors that check this box must attach an additional sheet showing the name of the sub-contractors and their workers' comp. Policy information.

***I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.***

Insurance Company Name: \_\_\_\_\_

Policy # or Self-Ins. Lic. #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Job Site Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).**

Failure to secure coverage as required under Section 25A of MGL.c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER AND A FINE OF UP TO \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for Insurance coverage verification.

***I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone #: \_\_\_\_\_

***Official use only. Do not write in this area, to be completed by city or town official.***

City or Town: \_\_\_\_\_ Permit/License # \_\_\_\_\_

Issuing Authority (circle one):

1. Board of Health    2. Building Department    3. City/Town Clerk    4. Electrical Inspector  
5. Plumbing Inspector    6. Other \_\_\_\_\_.

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

## Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an employee is defined as “..every person in the service of another under any contract of hire, express or implied, oral or written.”

An **employer** is defined as “an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer.”

MGL chapter 152.S25C(6) also states that “**every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the Commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required.**” Additionally, MGL chapter 152S25C(7) states. “Neither the Commonwealth nor any of its political subdivision shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority.”

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### Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply sub-contractor(s) name(s), address(es) and phone number(s) along with their certificate(s) of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that his affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are requested to obtain a workers' compensation policy, please call the Department at the number listed below. Self-Insured companies should enter their self-insurance license number on the appropriate line.

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### City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact your regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary) and under “Job Site Address” the applicant should write “all locations in \_\_\_\_ (city or town).” A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a homeowner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. A dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

The Department address, telephone and fax number are as follows:

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Commonwealth of Massachusetts  
Department of Industrial Accidents  
**Office of Investigations**  
600 Washington Street  
Boston, MA 02111  
Tel. #617-727-4900 ext. 406 or 1-877-MASSAFE  
FAX: #617-727-7749  
[www.mass.gov/dia](http://www.mass.gov/dia)

Revised 5-26-05



**TOWN OF HANOVER**  
**DEPARTMENT OF INSPECTIONAL SERVICES**  
**One and Two Family Mass Energy Code Provisions**  
**ADDITIONS & ALTERATIONS**

1. Table J1.1.2.3.1 May be used with documentation on N.F.R.C. U-Values of all windows, doors and skylights that must be submitted with permit application.  
To use Table J1.1.2.3.1 all N.F.R.C. Fenestration's U-Value must be met. (Follow commentary of section J1.1.2.3.1 on attached sheet.)

**TABLE J1.1.2.3.1.**  
**Prescriptive Envelope Component Criteria Additions**  
**To Existing Low-Rise Residential Buildings**

<b>Maximum Fenestration U-Value</b>	<b>Ceiling U-Value</b>	<b>Minimum</b>				<b>Slab Perimeter R-Value and Depth</b>
		<b>Wall U-Value</b>	<b>Floor U-Value</b>	<b>Basement Wall R-Value</b>		
0.39	R-37 1	R-13	R-19	R-1-		R-10,4ft.

**Note 1 – R-30 ceiling insulation may be used in place of R-37 if the insulation achieves the full R-Value over the entire ceiling area (i.e. - not compressed)**

2. If the addition/sunroom fenestration glazing area exceeds 40% of the ceiling & wall area the consumer information form must be used.
- 3 Mass Rescheck version 3.7.3 or any compliance path of appendix J may be used instead of Table J1.1.2.3.1.

Lot # \_\_\_\_\_ Map # \_\_\_\_\_

Street # \_\_\_\_\_

I agree to comply with all insulation values of Table J1.1.2.3.1 and all fenestration U-Values have been met and documentation has been submitted.

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**Signature**

Emergency action, Step 1 – Amend the definition section of 780- CMR Chapter 2 (Section 780- CMR 202.0 General Definitions) by adding a definition for “greenhouse” as follows:

Greenhouse: See 780 CMR 3602.

Emergency action, Step 2 – Amend the definitions section of 780 CMR Chapter 36 (Section 780 CMR 3602.2 General Building Definitions) by modifying the definition for “greenhouse” as follows (additions underscored:)

**GREENHOUSE:** An enclosed detached or attached accessory structure consisting primarily of light-transmitting materials and used exclusively for growing plants. *In accordance with St. 1973, c.672, the provisions of the 780 CMR shall not apply to greenhouses covered exclusively with plastic film, provided, however, that the provisions of M.G.L.c. 40A shall continue to apply.*

Emergency action, Step 3 – Amend Section J1.1.2.3.1 as presented below:

#### J1.1.2.3.1 Additions to existing buildings:

Additions to existing buildings or structures shall comply with one of the applicable criteria below:

1. The new addition, by itself, shall conform to the applicable provisions of Appendix J or;
2. The new addition plus the existing building/dwelling unit may be considered together to ensure compliance with applicable provisions of Appendix J, or;
3. Additions that are open to or separated by an exterior wall from the existing house/dwelling unit shall or unit dimensions) of glazed fenestration products (windows, skylights, and glazed portion of doors) shall not exceed 40% of the gross wall and gross ceiling area of the addition combined. If any individual fenestration component exceeds the maximum U-value listed in Table J1.1.2.3.1, then the area-weighted average U-value for all fenestration components must be less than or equal to the listed value. The R-value requirements for opaque thermal envelope components indicate insulation products (cavity and/or insulating sheathing), and shall be equal to or exceed the applicable listed values found in Table J1.1.2.3.1. If such additions are separated from the main house by a wall and are conditioned, then a readily accessible manual or automatic means shall be provided to partially restrict the addition from the existing building/dwelling unit, if an existing exterior wall, shall be allowed to remain the neither that portion of said wall or any fenestration within said portion of wall common to the addition need comply with the thermal envelope requirements of Appendix J.

**TABLE J1.1.2.3.1**  
**Prescriptive Envelope Component Criteria Additions to**  
**Existing Low-Rise Residential Buildings**

MAXIMUM			MINIMUM		
Fenestration	Ceiling	Wall	Floor	Basement Wall	Slab Perimeter
U-Value	R-Value	R-Value	R-Value	R-Value	R-Value and Depth
0.39	R-37'	R-13	R-19	R-10	R-10, 4ft

! R-30 ceiling insulation may be used in place of R-37 if the insulation achieves the full R-value over the entire ceiling area (i.e. - not compressed over exterior walls, and including any access openings.)